cha	name nge, k box		2006 LOUISIAN			dent and		-	Res	id	ent								
For dece dent filing mark box Spouse deceden		- g, [	Your first name		MI	Last name Suffix						Т	П		T	П		our S	ocial v Number
			If joint return, spouse's name		MI	Last name			Suffix	<b>→</b>	抻	芉	Ħ	Ť	Ť	П		Spouse	e's Social y Number
	k box addre		Present home address (number and st	reet including apartment	numb	l per or rural route)									RTA				
	k box	. L	City, town, or APO				State	ZIP		Sa	You name o								
iere.		<b>FIL</b> filing	ING STATUS: Print the appropi status box. It must agree with your Print a "1" in box if single	r federal return.	9	6 EXEMP	FIONS:			]									this box.
dules h		Г	Print a "2" in box if marri	ed filing jointly			rself	65 older			Blind							tal o	
extension, and schedules here			Print a "3" in box if marri Print a "4" in box if head	of household.	*	B Spo		65 older older ents (Print n	r	rom I	Blind Line 6C	of fede	ral retur	n, Foi	rm 104	0 or	60	Т	
on, ar	*	If the	Print a "5" in box if quality qualifying person is not your depe	, ,	,			endent nam									6[	Ļ	$\pm$
extensi	_				_	Total exe	emptions (	Total of 6A	, 6B, ar	1d 6	C.)	D.A.	aule Alai	o bo	W 00	d aust		<u>_</u>	Щ
V-2s, e	in	dica	are not required to file a fede te wages here.					▋, ∐		١.	00		ark thi ro, "0,						7_
Please paperclip W-2s,	7	OR	DERAL ADJUSTED GROSS INCOME – Print the amount from your Federal Form 1040EZ, Line 4, Federal Form 1040A, Line 21, <b>OR</b> Federal Form 1040, Line 37. If your federal adjusted gross me is less than zero, print "0."												╝,		Ш	╛	00
ase pal	8 LOUISIANA INCOME – Print the amount of income from your federal return that is taxable to Louisiana. See instructions, page 9 and attach a schedule with your name(s) and Social Security Number(s)											<b>,</b>	Ц	_	<u> </u>	L	Ш		00
₽ B	9 RATIO OF LOUISIANA INCOME TO FEDERAL ADJUSTED GROSS INCOME – Divide Line 8 by Line 7. Carry out to two decimal places in the percentage. <b>DO NOT ROUND UP.</b> The percentage cannot exceed 100%.															%			
	10		SS FEDERAL INCOME TAX – If fed aster credit(s), and/or a federal casual							] ,	10A	],			Ι,				00
U	10	0B ALLOWABLE FEDERAL INCOME TAX DEDUCTION — Multiply Line 10A by the ratio on Line 9										],			Ι,				00
	11		SIANA NET INCOME - Subtract Line 10B from Line 8 and print the result. than zero, print "0."									],			\rrbracket,				00
	12	fror	UR LOUISIANA INCOME TAX – Pr n the Tax Computation Worksheet, pa	ge 9, Line "I."							12	],			],				00
	13	Lin	DERAL CHILD CARE CREDIT e 29, or 2006 Federal Form 10 be used to compute your 2006	140, Line 48. <b>Im</b> i	por	tant! See instruct	ederal F tions, pa	orm 1040 ge 10. Thi	A, s amou	unt		13		, [			].[	00	
			FUNDABLE TAX CREDITS HER NONREFUNDABLE TAX CRE	DITS _ From Scho	dulc	G-NR Line 10				1		٦.	П	Т	٦.		П		00
		AM(	DUNT OF LOUISIANA NONREFUL Nonrefundable Child Care Credit Wor	NDABLE CHILD C	CAR	E CREDIT CARRIE	ED FORW	ARD FROM	/I PREV	'IOU	IS YEAF	RS –	13B	Ī	Ī,				00
	130	200	6 LOUISIANA NONREFUNDABLE rder to claim a credit on this line	CHILD CARE CR	EDI	T – Your Federal A	GI must be	GREATER	THAN S	\$25,0	000				],				00
	130	тот	AL NONREFUNDABLE TAX CRED	DITS – Add Lines 1	13A,	, 13B, and 13C and	print the	esult		1	13D	],			],				00
	14A	ADJ	USTED LOUISIANA INCOME TAX st than zero, print "0."	- Subtract Line 13	D fro	om Line 12 and print	the result.			1	4A	],			],				00
	14B	COI	NSUMER USE TAX – must mark one of these boxes.	No use tax due.		Amount from Tax Worksh						],			],				00
			AL INCOME TAX AND CONSUME CABLE TAX CREDITS AND PA		Line	es 14A and 14B and	I print the	result	1	4C		],	Д	Ţ	<b>]</b> ,	F	Щ	$\exists$	. 00
	15A	2	006 LOUISIANA REFUNDABLE C ESS THAN \$25,000 to claim the c	HILD CARE CREI						je 17	7	15A	片	ļ	<u>,</u>	Ļ	Ц	╣	00
	15A1 Print the amount from Line 3 of the Refundable Child Care Credit Worksheet, page 17										, L	+	Ļ		00				
											Ш	, L			. <u> </u>	00			
								Comp	olete	an	d sig	n ba	ick o	f re	turn	. =		,	

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P	rint your Social Security Number. 🤘					П			П	ſ		П		00
15B	OTHER REFUNDABLE TAX CREDITS - From Sci	hedule F-NR, I	Line 10		15B	닏	,		닏	, [	4	₩	٠	00
15C	AMOUNT OF TAX WITHHELD FOR 2006 – Attach	W-2 Form(s).			15C		,		Ц	,	4	Щ		00
15D	AMOUNT OF CREDIT CARRIED FORWARD FRO	M 2005			15D		,		Ш	,		Ш		00
15E	AMOUNT PAID ON YOUR BEHALF BY A COMPO	15E		,			, [				00			
15F	AMOUNT OF ESTIMATED PAYMENTS FOR 2006	15F		,		Ц	, [	4	Щ		00			
15G	AMOUNT PAID WITH EXTENSION REQUEST	15G		,		Ш	,		Ш		00			
15H	TOTAL REFUNDABLE TAX CREDITS AND PAYME Do not include amounts on Line 15A1 an			,			, [				00			
16	OVERPAYMENT – If Line 15H is equal to Line 14C See address "2" below. If Line 15H is greater than the result. If Line 15H is less than Line 14C, print z	Line 14C, sub	tract Line 14C from Line 1	5H and prin	nt		,			, [	1			00
7A	AMOUNT OF LINE 16 YOU WISH TO CONTRIBU	TE TO <b>THE M</b>	IILITARY FAMILY ASSIST	ANCE FUN	D17A	Ш	,		Ш	, [				00
17B	AMOUNT OF LINE 16 YOU WISH TO DONATE TO Print amount from Schedule D-NR, Line 6	O VARIOUS C	HARITIES –		17B		,			, [				00
17C	AMOUNT OF LINE 16 YOU WISH TO CONTRIBU	TE TO THE S	TART PROGRAM		170		,		Ш	,	┙	Ш		00
17D	AMOUNT OF LINE 16 TO BE CREDITED TO 2007 IN (Subtract amounts entered on Line 17A through 17C).	NCOME TAX -	C	REDIT	17D		,			, [				00
40	SUBTOTAL - Add Lines 17A through 17D and prin	-4 41			4.0									00
19	AMOUNT OF LINE 16 TO BE REFUNDED TO YO Subtract Line 18 from Line 16 and print the result.	II.—					,		Ī	<u>,                                    </u>				00
20	AMOUNT YOU OWE – If Line 15H is greater than If Line 14C is greater than Line 15H, subtract Line	or equal to Lin	ne 14C, print zero, "0."				,			, [	I			00
21	ADDITIONAL DONATION TO THE MILITARY FAM	IILY ASSISTA	NCE FUND		21		,			, [				00
22	INTEREST – From Line 5 of the Interest Calculation	n Worksheet,	page 19		22		,			, [				00
23	DELINQUENT FILING PENALTY – From Line 7 of the second seco	the Delinquent	Filing Penalty Calculation	Worksheet,	page 19 <b>23</b>		,		Ц	,	4	Щ		00
24	DELINQUENT PAYMENT PENALTY – From Line 7 of	f the Delinquen	t Payment Penalty Calculation	on Workshee	et, page 19 <b>2</b>	4	,		Ш	, [				00
25	UNDERPAYMENT PENALTY – See instructions for Form R-210NR. If you are a farmer, see instruction				25				П	. [		П		00
26	BALANCE DUE LOUISIANA – Add Lines 20 throug Louisiana Department of Revenue, Mail to P.O. i	th 25 and print	t the result. Make payment	t to:					Ħ	ĺ	T	П		00
l de	For electronic payment options, see page 2. <b>DO NO</b> clare that I have examined this return, and to the	T SEND CASH.	PAY THIS AMO	OUNT			epar	er is ba	sed or	, n all	availal	ble info	rma	
	nade a contribution to the START Savings Program rder to properly identify the START Savings Program		,		•							ncial As	ssista	ınce
	ir signature	Date	Your occupation		Signature of paid									
Sp	buse's signature (If filing jointly, both must sign.)	Date	Spouse's occupation	Te	elephone numb	er of paid	d prep	arer				Date		
	Area code and daytime	~ S	MAIL <b>PAYMEN</b>	ITS TO:				Social						or
	telephone number	ဟ ပ	Department of F P. O. Box 3 Baton Rouge, LA 7	3550	60				EIN	υгр	alu pi	repare		
ı	ndividual Income Tax Return	ם כ	MAIL ALL OTHER R		TO:			DO NO	OT SU	JBM	IT A F	РНОТ	occ	PY
	Calendar year return due 5/15/2007.	P 2	Department of F P. O. Box 3 Baton Rouge, LA 7	3440	0			OF Y	OUR	FEC	DERA	L RET	URI	۷.
			FOR OFFICE US	SE ONLY	1			M						
					Extension laimed		Field lag	M M	ĺ			_		$\neg$
			Routing code					3				675	6	

## Attach to return if completed.

Print your Social Security Number.									
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2006	DONATION SCHEDULE	SC	1 <u>il</u>	DU	LE	D-N	IR	
rganizatior	who file an individual income tax return and have overpaid their tax may choose to donate all or part of their overpayment shown as listed below. Print on Lines 1 through 5 the portion of your overpayment you wish to donate. The total on Line 6 cannot exceed to 0B, Line 16.							
1	WILDLIFE HABITAT AND NATURAL HERITAGE TRUST FUND1	닏	,	Ц	ᆜ	╛	٠	00
2	LOUISIANA CANCER TRUST FUND – PROSTATE CANCER2	Ц	,	Ц	_		ا .	00
3	LOUISIANA ANIMAL WELFARE COMMISSION	Ц	,	Ц	_	╛	٠	00
4	LOUISIANA HOUSING TRUST FUND4	Ш	,	Ц	ᆜ		ا .	00
5	COMMUNITY BASED PRIMARY HEALTH CARE FUND5	Ш	,	Ш			.	00
6	TOTAL DONATIONS – Add Lines 1 through 5. Print the result here and on Form IT-540B, Line 17B6	Ш	,	Ш	$\perp$		.	00
2006 I	REFUNDABLE TAX CREDITS		S	CHE	DU	JLE	F-	NR
			П		Ŧ	T	ī	
1	INVENTORY TAX CREDIT – See instructions, page 11.	Н	,	井	井	╡	1	00
2	AD VALOREM TAX CREDIT ON NATURAL GAS FACILITIES AND SERVICES – See instructions, page 11. 2		,	<u> </u>	븍	╡	'n	00
3	AD VALOREM TAX CREDIT FOR OFFSHORE VESSELS – See instructions, page 11	닖	,	ᆜ	븍	╛	إ .	00
4	SOUND RECORDING INVESTMENT TAX CREDIT – See instructions, page 114	Ц	,	Ц	ᆜ	╛	إ .	00
5	CREDIT FOR PROPERTY TAXES PAID BY TELEPHONE COMPANIES – See instructions, page 115	Ц	,	Щ	ᅼ	╛	إ٠	00
6	PRISON INDUSTRY ENHANCEMENT PROGRAM CREDIT – See instructions, page 11	Ц	,	Ц	ᆜ	╛	إ .	00
7	URBAN REVITALIZATION – See instructions, page 11.	Ц	,	Ц	_	╛	اِ .	00
8	QUALITY JOBS PROGRAM REBATE – See instructions, page 11	Ц	,	Щ	ᆜ	╛	إ .	00
9	LA CITIZENS – See instructions, page 119	Ц	,	Ц	ᆜ	╛	اِ .	00
10	TOTAL – Add Lines 1 through 9. Print the result here and on Form IT-540B, Line 15B.	Ш	,		_		. [	00
2006 I	MODIFIED FEDERAL INCOME TAX INFORMATION		SO	CHE	DU	LE	H-	NR
				$\overline{}$			ī	一
1	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 2A1	닏	,	ᆜ	븍	╡	إ .	00
2	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 2B2	Ц	,	Ц	ᆜ	╛	إ٠	00
3	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 5A3	Ш	,	Щ	_	╛	اِ .	00
4	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 7B4		,	Щ	╛	╛	إ .	00
5	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 8A5		,				] .	00
6	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 9A6		,		$\underline{\mathbb{I}}$		] .	00
7	Print the amount from the Federal Income Tax Deduction Computation Worksheet page 15, Line 117		,		$\Box$		. [	00



**WEB** 

**2006 NONREFUNDABLE TAX CREDITS** 

Print your Social Security Number. 🖝									
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SCHEDULE G-NR

		BILITIES - Mark an "X" in the ap person. <b>See instructions, page</b>	11, for	defin	tions of these disabilities.			
1A Yourself		Loss of Mentally Deaf limb incapacitated Blind	*	1 <b>C</b> Lis	t dependent name(s) here			
<ul><li>1B Spouse</li><li>1C Dependent ★</li></ul>				I <b>D</b> Pri Or	nt the total number of qualifying	individual on	s. 1 <b>D</b>	
<b>1E</b> Multiply Line 1D	) by \$100 a	and print the result.					1Е ,	. 00
		NS TO EDUCATIONAL INSTITU or other technological equipment d		Attach	Form R-3400. See instructions, paç	ge 11. <b>2A</b>		. 00
<b>2B</b> Multiply Line 2A Round to neare	A by 40% (.est dollar.	40) and print the result.				2B		. 00
3 CREDIT FOR CERT 3A See instructions		RAL CREDITS			3А	$\Box$ ,		. 00
3B Multiply Line 3A	A by 10% (	.10). Print the result or \$25,					3В	. 00
OTHER NONREFUN	DABLE	TAX CREDITS					SCHEDULE G	-NR
Enter credit description	and ass	sociated code, along with	h the	dolla	r amount of credit claime	ed. Plea	ase see instructions on pa	ge 11
CREDIT DES	CRIPTION		co	DE			AMOUNT OF CREDIT CLAIMED	
MOTION PICTUE	RE INVE	ESTMENTS	2 5	5 1	4	$\Box$ ,		. 00
EDUCATION CR	EDIT -	GRADES K - 12	0 9	9	5	$\Box$ ,		. 00
6				I	6	$\Box$ ,		. 00
7					7	$\Box$ ,		. 00
8			П	T	8	Π.	<del></del>	. 00
9			П	T	9	Πĺ		00
10 TOTAL NONREFUNDABL	E TAV ODI	EDITS – Add Lines 1E, 2B, 3B, a	and 4 thr	ough (	10	Ħ'		00
		nount on Form IT-540B, Line 13/		ougn		ш,	,	
Description	Code	Description	Coc	le	Description	Code	Description	Code
Education Credit	099	Donations of Materials,			Previously Unemployed	208	Technology Commercialization	255
Premium Tax	100	Equipment, Advisors,	17	- I F	Recycling Credit	210	Motion Picture Resident	256
Commercial Fishing	105	Instructors		—1 F	Basic Skills Training	212	Capital Company	257
Family Responsibility	110	Angel Investor	180	<b>→</b> ⊦	New Markets	214	Other	299
Small Town Doctor/Dentist	115	Other	199	→ +	Brownfields Investor  Dedicated Research	216	Biomed/University Research Tax Equalization	300 305
Bone Marrow	120	Atchafalaya Trace	200			220		

LCDFI Credit

Historic Structures

Motion Picture Investment

Research and Development

Digital Interactive Media

202

204

206



Law Enforcement Ed.

Nonviolent Offenders

Qualified Playgrounds

**Bulletproof Vest** 

Debt Issuance

First Time Drug Offenders

125

130

135

140

150

155

Organ Donation

Household Expense for

Physically and Mentally

Vehicle Alternative Fuel

Incapable Persons



222

251

252

253

254

310

315

399

Manufacturing Establishments

Enterprise Zone

Other